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Emergency Advisory

TO: All Massachusetts Ambulance Services
FROM: Jon Burstein, MD, State EMS Medical Director
Louise Goyette, Director
DATE: August 8, 2005
RE: Protocol Changes

This is to notify you that as of June 10, 2005, the following three (3) emergency protocol changes, reviewed and approved by the Medical Services Committee, have been implemented by order of the State EMS Medical Director, to take effect immediately.

Item 1. Patients presenting with 12-lead ECG findings of ST elevation AND cardiogenic shock or CHF (defined as crackles on lung exam), or those patients with ST elevation AND contraindications to thrombolysis may bypass the closest facility and continue to the closest facility with PCI capability, in conjunction with contacting medical control; this will be considered within the EMTs scope of practice and shall not be penalized by the department. Those patients presenting without such findings shall still be transported to the nearest appropriate facility until a more formal cardiac POE plan is implemented.

Item 2. For pediatric patients, age **1-8 years** old, for whom AED use is called for in the protocols, if a pediatric AED is not available, it will be acceptable to use an adult AED. No modification to the AED machine, its pads or the protocol need occur when using the adult AED on a child. It is considered preferable however, to have appropriate pediatric equipment.

Item 3. Lorazepam has been changed from a medical control option to a standing order medication for adult and pediatric seizures, in protocols 3.9 and 5.7, and as an alternative to diazepam. Dosing has not changed. Please refer to each protocol for appropriate dose.

Please address all questions to m. Thomas Quail, RN, Clinical Coordinator, Office of EMS @ 617-753-7318.

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